FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)		Office use only	
NAME OF COMMITTEE (in formal committee)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Penguin PAC			
ADDRESS (number and st	reet) 550 E. Walnut Street		
X (Check if addre is changed)	SS Columbus		OH] 43215
		CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL mctiguelaw@rr			
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
COMMITTEE'S FAX NI 6142637078 2. DATE 11	UMBER		
3. FEC IDENTIFICAT		C C00417584	7
4. IS THIS STATEMI	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my kno	owledge and belief it is true, correct a	nd complete
Type or Print Name of T	reasurer Allen Ryan		
Signature of Treasurer	Electronically Filed by Allen Rya	n	Date 11 1 0 6 7 2 0 0 7
NOTE: Submission of fals	e, erroneous, or incomplete information ma	y subject the person signing this Sta	
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530	

	FEOForm 1 (Revised 02/2003)		Page 2				
5.	5. TYPE OF COMMITTEE (Check One)	PE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign or	ommittee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate							
	Candidate Office Party Affiliation Sought:	House Senate President	State District				
	(c) This committee supports/opposes only on	e candidate, and is NOT an authorized committee.					
	Name of Candidate						
	(d) This committee is a	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	(e) This committee is a separate segregated fund						
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.							
6.	6. Name of Any Connected Organization or Affiliated C	ommittee					
L							
	Mailing Address						
		CITY▲ STATE ▲	ZIP CODE				
	Relationship						
	Type of Connected Organization:						
	Corporation	orporation w/o Capital Stock Labor Organiz	ation				
	Membership Organization Tr	ade Association Cooperative					

FEC Form 1 (Revised 02/200	(3)		Page 3			
Write or Type Committee Name						
Penguin PAC						
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name Donald J. I	McTigue					
Mailing Address	550 E. Walnut Street					
	Columbus	<u>OH</u>	43215			
Title or Position ▼	CITY A	STATE	ZIP CODE A			
Counsel		Telephone number 614				
Full Name of Treasurer Mailing Address Allen Ryan	1665 Roosevelt Ave					
	Niles	ОН	44446			
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲			
Treasurer		Telephone number 330	652 8387			
Full Name of Designated Agent						
Mailing Address						
Title or Position ♥	CITY A	STATE A	ZIP CODE A			

	FEC Form 1 (Rev	rised 02/2003)	Page 4		
9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
	Mailing Address	ifth Third Bank 3580 North High Street			
		Columbus	43214 _		
		CITY A STATE A	ZIP CODE △		